Fill in this information to identify your case:

	First Name	Middle Name	Last Name
Debtor 1	**Roderick**	**Arlington**	**Bryant**
Debtor 2 (Spouse, if filing)			

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) **17-31916-H4-13**

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

   If you have more than one job, attach a separate page with information about additional employers.

   Include part-time, seasonal, or self-employed work.

   Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☑ Employed ☐ Not employed	☐ Employed ☑ Not employed
Occupation	**CRA**	
Employer's name	**Inventiv Health Inc**	
Employer's address (Number Street)	**500 Atruim Dr**	
City / State / Zip Code	**Somerset NJ 08873**	
How long employed there?	**3 Years**	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$9,833.33	$0.00
3.	**Estimate and list monthly overtime pay.**	3. +	$0.00	$0.00
4.	**Calculate gross income.** Add line 2 + line 3.	4.	$9,833.33	$0.00

Debtor 1 **Roderick Arlington Bryant** Case number (if known) **17-31916-H4-13**

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here .... ➔	4.	**$9,833.33**	**$0.00**	
5.	**List all payroll deductions:**				
	5a. Tax, Medicare, and Social Security deductions	5a.	**$1,995.91**	**$0.00**	
	5b. Mandatory contributions for retirement plans	5b.	**$0.00**	**$0.00**	
	5c. Voluntary contributions for retirement plans	5c.	**$0.00**	**$0.00**	
	5d. Required repayments of retirement fund loans	5d.	**$0.00**	**$0.00**	
	5e. Insurance	5e.	**$604.39**	**$0.00**	
	5f. Domestic support obligations	5f.	**$2,636.01**	**$0.00**	
	5g. Union dues	5g.	**$0.00**	**$0.00**	
	5h. Other deductions. Specify: **See continuation sheet**	5h. +	**$841.67**	**$0.00**	
6.	**Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	**$6,077.98**	**$0.00**	
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	**$3,755.35**	**$0.00**	
8.	**List all other income regularly received:**				
	8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	**$7,440.00**	**$0.00**	
	8b. Interest and dividends	8b.	**$0.00**	**$0.00**	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	**$0.00**	**$0.00**	
	8d. Unemployment compensation	8d.	**$0.00**	**$0.00**	
	8e. Social Security	8e.	**$0.00**	**$0.00**	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	**$0.00**	**$0.00**	
	8g. Pension or retirement income	8g.	**$0.00**	**$0.00**	
	8h. Other monthly income. Specify:	8h. +	**$0.00**	**$0.00**	
9.	**Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	**$7,440.00**	**$0.00**	
10.	**Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	**$11,195.35** +	**$0.00** =	**$11,195.35**

11. State all other regular contributions to the expenses that you list in Schedule J.
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: ______ 11. + **$0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. 12. **$11,195.35**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☑ No.
☐ Yes. Explain: **None.**

Debtor 1 **Roderick Arlington Bryant** Case number (if known) **17-31916-H4-13**

	For Debtor 1	For Debtor 2 or non-filing spouse
5h. Other Payroll Deductions (details)		
Dep FSA	$208.33	
Health Savings	$416.67	
Limited Pur FSA	$216.67	
Totals:	$841.67	$0.00

Debtor 1 **Roderick Arlington Bryant** Case number (if known) **17-31916-H4-13**

8a. Attached Statement (Debtor 1)

RB Clinical Research Consulting LLC

Gross Monthly Income: **$7,440.00**

Expense	Category	Amount

Total Monthly Expenses **$0.00**

Net Monthly Income: **$7,440.00**

Fill in this information to identify your case:

Debtor 1 **Roderick** (First Name) **Arlington** (Middle Name) **Bryant** (Last Name)

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) **17-31916-H4-13**

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

☐ Yes. Name of person ____________ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Roderick Arlington Bryant**
Roderick Arlington Bryant, Debtor 1

Date **03/31/2017**
MM / DD / YYYY

X ____________
Signature of Debtor 2

Date ____________
MM / DD / YYYY